

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 4.19-B

STATE: Mississippi

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES  
OF CARE

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Dental Services - Payment is from a statewide fixed fee schedule. Effective July 1, 1999, all fees will be increased to 160% of the amount of the reimbursement rate that was in effect on June 30, 1999.

Dental services for EPSDT beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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**Physical Therapy and Related Services**

- (a) Physical therapy is reimbursed based on an established fee schedule.
- (b) Occupational therapy is reimbursed based on an established fee schedule.
- (c) Services for speech, hearing and language disorders are reimbursed based on an established fee schedule.
- (d) Reimbursement to the Department of Education for these services will not exceed their actual cost. Actual cost to be determined by cost reports submitted by the Department of Education.
- (e) Physical therapy and related services for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraph

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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Dentures for EPSDT recipients, if medically necessary, are reimbursed according to the fee schedule for dental services.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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State MISSISSIPPI

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Hearing Aids - Payment is from a statewide uniform fixed fee schedule based on actual acquisition cost, plus a professional and fitting cost of \$80.00.

Hearing aids for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-  
OTHER TYPES OF CARE

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Eyeglasses - Payment is made from a statewide uniform fixed fee schedule for the professional services of the eye doctor plus actual acquisition cost for the frames and lenses. Effective

Eyeglasses for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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STATE Mississippi

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Other services described in Attachment 3.1-A, Exhibit 13c through 13d are reimbursed according to a statewide uniform fixed fee schedule established through consultation with the State Department of Mental Health.

Mental health services for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed on a fee schedule.

Other diagnostic, screening, preventive and rehabilitative services for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed on a fee schedule.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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State Mississippi

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17. Nurse-midwife services

The reimbursement for certified nurse midwifery services shall not exceed ninety percent (90%) of the reimbursement rate for comparable services rendered by a physician.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER  
TYPES OF CARE

Transportation - Ambulance Services - The reimbursement methodology for ambulance services is a statewide fee schedule. Payment is made from a statewide uniform fee schedule based on 70 percent of the rate established under Medicare (Title XVIII of the Social Security Act), as amended.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: MISSISSIPPI

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER  
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Targeted Case Management

1. Targeted Case Management for High-Risk Pregnant Women - The case management fee is a negotiated rate of payment. Potential providers indicated participation was contingent upon establishing a fee that allowed them to recover the cost of providing the services recognizing the additional effort required to initialize each case. The rate will be evaluated annually.
2. Targeted Case Management for High-Risk Infants - The case management fee is based upon the current negotiated fee of:  
  
\$12.00 for open and ongoing EPSDT case management contracts  
  
\$6.00 for closure of EPSDT case management
3. All services - In the case of a public agency, reimbursement determined to be in excess of cost will be recouped by means of a rate adjustment for the next year.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
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2. When the cost allocated to TCM has been determined, it will be divided by the number of encounters. The result will be the cost per encounter. The encounter cost will be used to set the next semi-annual prospective encounter fee.
3. Cost reports that are filed for January 1 - June 30 will set the TCM encounter fee for the following January 1 - June 30. Likewise, July 1 - December 31 cost reports will be used to determine the TCM encounter rate for the following January 1 - June 30.
4. DHS may bill for each face-to-face encounter, with a maximum of six (6) encounters per calendar month. In addition, an encounter may be billed, no more often than once per calendar month, for time spent reviewing a case when no face-to-face encounter occurs. Collateral encounters may be billed as medically necessary.

TCM Services for Non-Public Providers

Will pay in accordance with Attachment 4.19-B page 19(a).

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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TN No. 2002-06  
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER  
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Extended Services for Pregnant Women

1. Reimbursement- Reimbursement will be on a fee-for-service basis, billed monthly on the HCFA-1500 form. Payment will be the lesser of the charge or the established fee.

The established fees were based on like procedures and services currently paid in the Medicaid program.

Examples are:

- a. In-home visits pay the rate of the visits in the home by a physician plus estimated travel costs.
  - b. High-risk assessment reimbursement is based on physician office visits reimbursement, currently in Mississippi.
2. All Services- In the case of a public agency, reimbursement determined to be in excess of cost will be recouped by means of a rate adjustment for the next year.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE**

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Respiratory Care Services for EPSDT recipients, if medically necessary, reimbursed on a fee for service scale.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE**

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Christian Science Nurses for EPSDT recipients, if medically necessary, are reimbursed according to an established fee for service scale.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE**

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Christian Science Sanatoria Services for EPSDT recipients, if medically necessary, reimbursed according to an established reimbursement rate.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-  
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Personal Care Services for EPSDT recipients, if medically necessary, reimbursed on a fee for service scale.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE**

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Transportation - Ambulance Services: The reimbursement methodology for ambulance services is a statewide fee schedule. Payment is made from a statewide uniform fee schedule based on 70 percent of the rate established under Medicare (Title XVIII of the Social Security Act), as amended.

Transportation for EPSDT beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in the Plan, are reimbursed according to the methodology in the above paragraph.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES  
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Care and services provided in Christian Science sanatoria - Reimbursement is a prospective per diem based on cost report data.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service

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A home health agency which undergoes a change of ownership must notify the DOM in writing of the effective date of the sale. The seller's provider number will be closed and a new provider number assigned to the new owner after the new owner submits the provider enrollment information required under DOM policy. The new owner is not allowed to use the provider number of the old owner to file claims for reimbursement.

The new owner will be reimbursed at the previous owner's rate until the rate is adjusted based on the new owner's initial cost report. This adjusted rate will be effective retroactive to the date of the change of ownership. A prospective rate will also be determined on this initial cost report.

2. New Home Health Agencies

When new providers are established that are not changes of ownership, the provider shall be reimbursed at the maximum rate for each type of home health visit pending the receipt of the initial cost report. After receipt of the initial cost report, a rate will be determined that is retroactive to the date of the establishment of the provider.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

VI. Grounds for Imposition of Sanctions

- A. Sanctions may be imposed by the DOM against a provider for any one or more of the following reasons:
1. Failure to disclose or make available to the DOM, or its authorized agent, records of services provided to Medicaid recipients and records of payment made therefor.
  2. Failure to provide and maintain quality services to Medicaid recipients within accepted medical community standards as adjudged by the DOM or the Mississippi State Department of Health, Division of Health Facilities Licensure and Certification.
  3. Breach of the terms of the Medicaid Provider Agreement or failure to comply with the terms of the provider certification as set out on the Medicaid claim form.

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IX. Durable Medical Equipment

- A. The payment for purchase of Durable Medical Equipment (DME) is made from a statewide uniform fee schedule not to exceed 80 percent of the rate established annually under Medicare (Title XVIII of the Social Security Act), as amended.
- B. The payment for rental of DME is made from a statewide uniform fee schedule based on 10 percent of the above purchase allowance not to exceed ten (10) months. After rental benefits are paid for ten (10) months, the DME becomes the property of the Mississippi Medicaid recipient unless otherwise authorized by the Division of Medicaid through specific coverage criteria.
- C. The payment for purchase of used DME is made from a statewide uniform fee schedule based not to exceed 50 percent of the above purchase allowance.
- D. The payment for repair of DME is the cost, not to exceed 50 percent of the above purchase allowance.
- E. The payment for other individual consideration items must receive prior approval of the Division and shall be limited to the amount authorised in that approval.

All terms of the Division's Durable Medical Equipment Reimbursement and Coverage Criteria are applicable.

Durable Medical Equipment (DME) for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraphs.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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Medical Supplies

- A. The payment for purchase of Medical Supplies is made from a statewide uniform fee schedule not to exceed 80 percent of the rate established annually under Medicare (Title XVIII of the Social Security Act), as amended.
- B. The payment for other individual consideration items must receive prior approval of the Division and shall be limited to the amount authorized in that approval.

All terms of the Division's Medical Supplies Reimbursement and Coverage Criteria applicable.

Medical Supplies for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraphs.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service

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